

## RECORDS OFFICE TRANSCRIPT REQUEST FORM

### INSTRUCTIONS:

1. Make sure this form is filled out completely, paying special attention to your name and previous name(s), your Enrollment Status, when do you need the transcript(s) sent.
2. Make sure you sign and date the form.
3. Make sure you have cleared any outstanding financial obligations.
4. Please allow two (2) business days for processing.
5. Your request cannot be processed if it is incomplete, inaccurate, or if there are outstanding obligations.

Student ID Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Previous name(s): \_\_\_\_\_  
Last First Middle

Telephone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email address: \_\_\_\_\_

Enrollment Status:  Currently Enrolled  
 Previously Enrolled: From: \_\_\_\_\_ to: \_\_\_\_\_  
Please provide Term and Year

Number of transcripts requested by Type: \_\_\_\_\_ Official copies \_\_\_\_\_ Unofficial

Send Transcript(s): \_\_\_\_\_ Now \_\_\_\_\_ After term ends and grades are posted\*  
 \_\_\_\_\_ After CLAST scores are posted  
 \_\_\_\_\_ After graduation and degree is posted

\*Grades are posted within a week after final exam.

Mail Transcript(s) to: \_\_\_\_\_  
Name/Company/Institution  
 \_\_\_\_\_  
Street/PO Box, etc.  
 \_\_\_\_\_  
City State Zip Code

I, hereby authorize Lake-Sumter Community College to release my transcripts to the  
 aforementioned person/company/institution listed above.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature Date: \_\_\_\_\_

Please specify if you do not wish to have the transcripts mailed, but would rather pick up  
 the transcript(s) in person.

**OFFICE USE ONLY**

EOT/GRAD

Name: \_\_\_\_\_

Date Received: \_\_\_\_\_ Holds: \_\_\_\_\_

Date Sent: \_\_\_\_\_